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DATE: August 12, 2003  
 CLIENT: PF141P4  
 MESSAGE: Examiner David Romeo  
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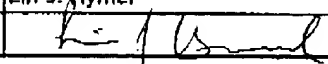
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 Telephone: (301) 610-5790 Facsimile: (301) 309-8439

PTO/5B/17 (05-03)

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<b>FEE TRANSMITTAL for FY 2003</b>		<b>Complete if Known</b>																																																																																																																																																					
Effective 01/01/2003, Patent fees are subject to annual revision.		Application Number	09/246,129-Conf. #5810																																																																																																																																																				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 8, 1999																																																																																																																																																				
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 0.00		First Named Inventor	Guo-Liang Yu																																																																																																																																																				
<b>METHOD OF PAYMENT</b> (check all that apply)		Examiner Name	D. Romeo																																																																																																																																																				
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Deposit Account Number: <b>08-3425</b> Deposit Account Name: <b>Human Genome Sciences, Inc.</b>		Attorney Docket No	PF141P4																																																																																																																																																				
The Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		<b>FEE CALCULATION (continued)</b>																																																																																																																																																					
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Name (Print/Type) <b>Lin J. Hymel</b>		Complete (if applicable)																																																																																																																																																					
Signature 		Registration No (Attorney/Agent) <b>45,414</b>	Telephone <b>(301) 251-6015</b>																																																																																																																																																				
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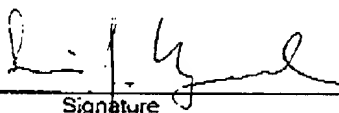
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